

NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS
Planned Giving & Trust Services

Application for Change In Service Level

Please select desired service level: Planned Giving Only Planned Giving Plus
 Planned Giving and Trust Services

Organization: _____

Address: _____ City: _____

State: _____ Zip: _____

Planned Giving & Trust Services Director's Name: _____

Director's Office Telephone: _____ Email: _____

*Cell Phone: _____

*Assistant's Telephone: _____ *Assistant's Email: _____

Organization's President: _____

Organization's Secretary: _____

Organization's Treasurer: _____

List of PGTRS Certified Personnel: _____

1. Number of Wills currently in your vaults _____

2. Number of Trusts: Revocable _____ Irrevocable _____

Charitable Remainder Trusts: _____ Self-Administered Trust _____

3. Number of Gift Annuities _____

4. Number of Other Agreements: _____

5. Number of employees serving as personal representative as part of their position: _____

6. Number of employees named as attorney-in-fact under power of attorney documents _____

7. Is an attorney being paid or on retainer for the purpose of preparing estate plans for constituent members? Yes _____ No _____

To Become a Planned Giving Only Program:

Attach the following to this application

1. Trust Management Committee’s minutes authorizing the change to a new service level
2. Attorney Opinion Letter for new service level (a draft is acceptable).

To Become a Planned Giving Plus Program:

Attach the following to this application:

1. Trust Management Committee’s minutes authorizing the change to a new service level
2. Attorney Opinion Letter for the new service level (a draft is acceptable)
3. All attorney approved disclosures
4. Any attorney approved questionnaires
5. CGA application;
6. CGA licenses for states organization is licensed in to offer CGAs
7. Third Party CGA management agreement
8. Any attorney approved storage agreements

To Become a Planned Giving and Trust Services Program:

Attach a completed Planned Giving and Trust Services Accreditation Checklist, to receive the checklist contact the NAD PGTRS Office at willplan@gc.adventist.org.

Signatures:

Executive Officer

Date: _____

Title: _____

Planned Giving & Trust Services Director

Date: _____

**optional*

<i>FOR NAD PGTRS OFFICE USE ONLY</i>	
<i>1) Organization’s Union:</i>	_____
<i>2) Date of organization’s last Trust Review</i>	_____
<i>3) Date of organization’s last Accreditation</i>	_____
<i>4) Organization’s Accreditation Status:</i>	_____

